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10/539,172	03/29/2006	Eddy Bover Fuentes	976-25 PCT/US	8518

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EXAMINER	
DUFFY, BRADLEY	
ART UNIT	PAPER NUMBER
1643	
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	10/539,172	FUENTES ET AL.	
	Examiner	Art Unit	
	BRADLEY DUFFY	1643	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *1* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *12 December 2008*.

2a)☐ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-8* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☐ Claim(s) _____ is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☒ Claim(s) *1-8* are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☒ Other: *Notice to comply*.

DETAILED ACTION

1 The preliminary amendment filed June 15, 2005 is acknowledged and has been entered. Claims 1-8 have been amended.

2. Claims 1-8 are pending in the application and are currently subject to restriction.

Sequence Rules Compliance

3. This application contains sequence disclosures that are encompassed by the definitions for nucleotide and/or amino acid sequences set forth in 37 C.F.R. § 1.821(a)(1) and (a)(2). However, this application fails to comply with the requirements of 37 C.F.R. §§ 1.821-1.825 for the reason(s) set forth on the attached Notice To Comply With Requirements For Patent Applications Containing Nucleotide Sequence And/Or Amino Acid Sequence Disclosures. Applicant must comply with the requirements of the sequence rules (37 CFR 1.821 - 1.825) before the application can be further examined under 35 U.S.C. §§ 131 and 132.

As noted on the attached Notice to Comply, claim 3 recites an amino acid sequence which is not identified by a SEQ ID NO. It appears that this sequence is in the current sequence listing, and if this is correct, this deficiency could be obviated by amending the claim to recite the SEQ ID NO: in the claim. As noted in the attached Notice to Comply, appropriate action correcting this deficiency is required.

Otherwise, if the sequence is not present in the sequence listing as filed, to correct the deficiency, Applicant must submit paper and computer-readable copies of a substitute sequence listing, together with an amendment directing its entry into the specification and a statement that the content of both copies are the same and, where applicable, include no new matter. Furthermore, Applicant must provide appropriate amendments to the specification, drawings or claims inserting the required sequence identifiers. Sequence identifiers for sequences appearing in the drawings may appear

in the drawings or in the brief description of the drawing.

Applicant is given the same period of time within which to reply to this Office action to comply with the sequence rules under 37 C.F.R. §§ 1.821-1.825. Failure to comply with these requirements will result in ABANDONMENT of the application under 37 C.F.R. § 1.821(g).

Election/Restrictions

4. Restriction is required under 35 U.S.C. 121 and 372.

This application contains the following inventions or groups of inventions, which are not so linked as to form a single general inventive concept under PCT Rule 13.1.

In accordance with 37 CFR 1.499, applicant is required, in reply to this action, to elect a single invention to which the claims must be restricted.

Group I, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

Group II, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group III, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or

sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group IV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group V, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group VI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group VII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group VIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group IX, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

Group X, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

Group XI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group XII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated

variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

Group XIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group XIV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group XV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group XVI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group XVII, claims 1-6, insofar as the claims are drawn to a pharmaceutical

combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group XVIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group XIX, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group XX, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

Group XXI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

Group XXII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group XXIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

Group XXIV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group XXV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group XXVI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or

sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group XXVII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group XXVIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group XXIX, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group XXX, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier

protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group XXXI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

Group XXXII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

Group XXXIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group XXXIV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

Group XXXV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group XXXVI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group XXXVII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group XXXVIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group XXXIX, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an

immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group XL, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group XLI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group XLII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

Group XLIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

Group XLIV, claims 1-6, insofar as the claims are drawn to a pharmaceutical

combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group XLV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

Group XLVI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group XLVII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group XLVIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier

protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group XLIX, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group L, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group LI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group LII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group LIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

Group LIV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

Group LV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group LVI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

Group LVII, claims 1-6, insofar as the claims are drawn to a pharmaceutical

combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group LVIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group LIX, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group LX, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group LXI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group LXII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group LXIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group LXIV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

Group LXV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

Group LXVI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their

Fags, scFV fragments, humanized or not and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group LXVII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

Group LXVIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group LXIX, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group LXX, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating

carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group LXXI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group LXXII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group LXXIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group LXXIV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments,

humanized or not.

Group LXXV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

Group LXXVI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

Group LXXVII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group LXXVIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier

protein.

Group LXXIX, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group LXXX, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group LXXXI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group LXXXII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group LXXXIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical

combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group LXXXIV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group LXXXV, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group LXXXVI, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

Group LXXXVII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-TGF antibodies,

their Fabs, scFV fragments, humanized or not.

Group LXXXVIII, claims 1-6, insofar as the claims are drawn to a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group LXXXIX, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

Group XC, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group XCI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group XCII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and

anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group XCIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group XCIV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group XCV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group XCVI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group XCVII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating

carrier protein.

Group XCVIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

Group XCIX, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group C, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group CII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group CIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group CIV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group CVI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group CVII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group CVIII, claims 7-8, insofar as the claims are drawn to methods of generating a

combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CIX, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

Group CX, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group CXI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CXII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group CXIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group CXIV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group CXV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CXVI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group CXVII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated

variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group CXVIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group CXIX, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CXX, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

Group CXXI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group CXXII, claims 7-8, insofar as the claims are drawn to methods of generating a

combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CXXIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group CXXIV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group CXXV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group CXXVI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CXXVII, claims 7-8, insofar as the claims are drawn to methods of generating

a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group CXXVIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group CXXIX, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group CXXX, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CXXXI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

Group CXXXII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and

TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group CXXXIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CXXXIV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group CXXXV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group CXXXVI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group CXXXVII, claims 7-8, insofar as the claims are drawn to methods of

generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CXXXVIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group CXXXIX, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group CXL, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group CXLI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and natural or recombinant

TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CXLII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

Group CXLIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group CXLIV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CXLV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group CXLVI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising

hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group CXLVII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group CXLVIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CXLIX, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group CL, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group CLI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising

hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group CLII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CLIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

Group CLIV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group CLV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CLVI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group CLVII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group CLVIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group CLIX, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CLX, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative

peptides coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group CLXI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group CLXII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated varants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group CLXIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CLXIV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

Group CLXV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group CLXVI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CLXVII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

Group CLXVIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Group CLXIX, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-EGF receptor antibodies, their Fabs, scFV fragments,

humanized or not.

Group CLXX, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CLXXI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

Group CLXXII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

Group CLXXIII, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

Group CLXXIV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments,

humanized or not and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

Group CLXXV, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

Group CLXXVI, claims 7-8, insofar as the claims are drawn to methods of generating a combined immune response comprising treatment with a combination hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

5. The inventions listed as Groups I-CLXXVI do not relate to a single general inventive concept under PCT Rule 13.1 because, under PCT Rule 13.2, they lack the same or corresponding special technical features for the following reasons:

To have a general inventive concept under PCT Rule 13.1, the inventions need to be linked by a special technical feature. In this case while the inventions do not appear to linked by a special technical feature, it is noted that the claim 1 recites the technical feature of a pharmaceutical combination comprising a compound A and B, wherein A is selected from the group of molecules consisting in of: GnRH, or its analogues, or anti-GnRH antibodies, or GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides, or anti-GnRH-R antibodies, coupled or not to an immunopotentiating carrier protein, natural or recombinant gonadotropins, or their analogues, or their mutated variants, coupled or not to an immunopotentiating carrier

protein, hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not, hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides, coupled or not to an immunopotentiating carrier protein and hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and wherein B is selected from the group of molecules consisting of: natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating cartier protein, anti-EGF antibodies, their FabsscFV fragments, humanized or not, EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein, anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not, natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein, anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not, VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein, anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not, natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein, anti-TGF antibodies, their Fabs, scFV fragments, humanized or not and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein. This claim lacks an inventive step over US 20030100544 A1 (Scherlitz-Hofmann et al, published 2003). US 20030100544 A1 teaches combinations comprising GnRH and EGF antibodies (see entire document, e.g., paragraphs 123-133). Since US 20030100544 A1 teaches the technical feature recited in claim 1, it is not a special technical feature and the groups do not relate to a single general inventive concept as required under PCT Rule 13.1. Furthermore, PCT Rules 13.1 and 13.2 do not provide for a single general inventive concept to comprise more than the first mentioned product, the first mentioned method for making said product, and the first mentioned method for using said product.

For these reasons, the special technical feature of the invention of Group I is

making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group II is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group III is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group IV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group V is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group VI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV

fragments, humanized or not.

The special technical feature of the invention of Group VII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group VIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group IX is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group X is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous,

separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group XIV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XVI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XVII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XVIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XIX is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XX is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XXI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XXII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XXIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its

mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XXIV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group XXV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XXVI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XXVII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XXVIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous,

separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XXIX is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XXX is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XXXI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XXXII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XXXIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising GnRH receptor (GnRH-R), or its

mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XXXIV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XXXV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group XXXVI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XXXVII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XXXVIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XXXIX is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XL is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XLI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XLII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XLIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XLIV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising anti-GnRH-R antibodies coupled or

not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XLV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XLVI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group XLVII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XLVIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XLIX is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant

gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group L is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group LI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group LIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LIV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group LV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LVI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LVII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group LVIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LIX is making a

pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group LX is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group LXII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group LXIV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and natural or recombinant

TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group LXVI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXVII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXVIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group LXIX is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides

coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXX is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group LXXI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXXII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group LXXIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXXIV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating

carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group LXXV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXXVI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group LXXVII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXXVIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXXIX is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-EGF

antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group LXXX is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXXXI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group LXXXII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXXXIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group LXXXIV is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXXXV is making a

pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group LXXXVI is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXXXVII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group LXXXVIII is making a pharmaceutical combination for the treatment of neoplasia through simultaneous, separate, or sequential administration, hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group LXXXIX is generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XC is generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and

anti-EGF antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group XCI is generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XCII is generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XCIII is generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XCIV is generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XCV is generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XCVI is generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XCVII is generating a

combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group XCVIII is generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group XCIX is generating a combined immune response comprising treatment with a combination comprising GnRH, or its analogues coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group C is generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CI is generating a combined immune response comprising treatment with a combination anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group CII is generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CIII is generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF

receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CIV is generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CV is generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CVI is generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CVII is generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CVIII is generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CIX is generating a combined immune response comprising treatment with a combination comprising anti-GnRH antibodies coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CX is generating a combined immune response comprising treatment with a combination comprising anti-

GnRH antibodies coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXI is generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXII is generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group CXIII is generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXIV is generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CXV is generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXVI is generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CXVII is generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXVIII is generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CXIX is generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXX is generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CXXI is generating a combined immune response comprising treatment with a combination comprising GnRH receptor (GnRH-R), or its mutated variants, or derivative peptides coupled or not to an

immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXXII is generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXXIII is generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group CXXIV is generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXXV is generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CXXVI is generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXXVII is generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CXXVIII is generating a

combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXXIX is generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CXXX is generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXXXI is generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CXXXII is generating a combined immune response comprising treatment with a combination comprising anti-GnRH-R antibodies coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXXXIII is generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXXXIV is generating a combined immune response comprising treatment with a combination comprising

natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group CXXXV is generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXXXVI is generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CXXXVII is generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXXXVIII is generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CXXXIX is generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an

immunopotentiating carrier protein.

The special technical feature of the invention of Group CXL is generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CXLI is generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXLII is generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CXLIII is generating a combined immune response comprising treatment with a combination comprising natural or recombinant gonadotropins, or their analogues, or their mutated variants coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXLIV is generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXLV is generating a

combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group CXLVI is generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXLVII is generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CXLVIII is generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CXLIX is generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CL is generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CLI is generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not

and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CLII is generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CLIII is generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CLIV is generating a combined immune response comprising treatment with a combination comprising hypophyseal anti-gonadotropin antibody, their Fags, scFV fragments, humanized or not and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CLV is generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CLVI is generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group CLVII is generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides

coupled or not to an immunopotentiating carrier protein and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CLVIII is generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CLIX is generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CLX is generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CLXI is generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CLXII is generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated varants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CLXIII is generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CLXIV is generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CLXV is generating a combined immune response comprising treatment with a combination comprising hypophyseal gonadotropin receptors, or their mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CLXVI is generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and natural or recombinant EGF or its mutated variants, or derivative peptides, or EGF mimetic peptides, or EGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CLXVII is generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-EGF antibodies, their FabsscFV fragments, humanized or not.

The special technical feature of the invention of Group CLXVIII is generating a combined immune response comprising treatment with a combination comprising

hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and EGF receptor (EGF-R), or its mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CLXIX is generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-EGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CLXX is generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and natural or recombinant VEGF or mutated variants, or derivative peptides, or VEGF mimetic peptides, or VEGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CLXXI is generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-VEGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CLXXII is generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and VEGF receptors, or mutated variants, or derivative peptides from VEGF receptors, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CLXXIII is generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-VEGF receptor antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CLXXIV is generating a

combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and natural or recombinant TGF or mutated variants, or derivative peptides, or TGF mimetic peptides, or TGF analogues, coupled or not to an immunopotentiating carrier protein.

The special technical feature of the invention of Group CLXXV is generating a combined immune response comprising treatment with a combination comprising hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and anti-TGF antibodies, their Fabs, scFV fragments, humanized or not.

The special technical feature of the invention of Group CLXXVI is generating a combined immune response comprising treatment with a combination hvpophyseal gonadotropin anti-receptor antibodies, their Fabs, scFV fragments, humanized or not and TGF receptor (TGF-R), or mutated variants, or derivative peptides coupled or not to an immunopotentiating carrier protein.

Accordingly the groups are not so linked as to form a single general concept under PCT Rule 13.1.

6. **Applicant is advised that the reply to this requirement to be complete must include (i) an election of a single invention to be examined** even though the requirement may be traversed (37 CFR 1.143) **and (ii) identification of the claims encompassing the elected invention.**

The election of an invention may be made with or without traverse. To reserve a right to petition, the election must be made with traverse. If the reply does not distinctly and specifically point out supposed errors in the restriction requirement, the election shall be treated as an election without traverse. Traversal must be presented at the time of election in order to be considered timely. Failure to timely traverse the requirement will result in the loss of right to petition under 37 CFR 1.144. If claims are added after the election, applicant must indicate which of these claims are readable on the elected

invention.

If claims are added after the election, applicant must indicate which of these claims are readable upon the elected invention.

Should applicant traverse on the ground that the inventions are not patentably distinct, applicant should submit evidence or identify such evidence now of record showing the inventions to be obvious variants or clearly admit on the record that this is the case. In either instance, if the examiner finds one of the inventions unpatentable over the prior art, the evidence or admission may be used in a rejection under 35 U.S.C. 103(a) of the other invention.

7. The examiner has required restriction between product and process claims. Where applicant elects claims directed to the product, and a product claim is subsequently found allowable, withdrawn process claims that depend from or otherwise include all the limitations of the allowable product claim will be rejoined in accordance with the provisions of MPEP § 821.04. Process claims that depend from or otherwise include all the limitations of the patentable product will be entered as a matter of right if the amendment is presented prior to final rejection or allowance, whichever is earlier. Amendments submitted after final rejection are governed by 37 CFR 1.116; amendments submitted after allowance are governed by 37 CFR 1.312.

In the event of rejoinder, the requirement for restriction between the product claims and the rejoined process claims will be withdrawn, and the rejoined process claims will be fully examined for patentability in accordance with 37 CFR 1.104. Thus, to be allowable, the rejoined claims must meet all criteria for patentability including the requirements of 35 U.S.C. 101, 102, 103, and 112. Until an elected product claim is found allowable, an otherwise proper restriction requirement between product claims and process claims may be maintained. Withdrawn process claims that are not commensurate in scope with an allowed product claim will not be rejoined. See "Guidance on Treatment of Product and Process Claims in light of *In re Ochiai, In re Brouwer* and 35 U.S.C. § 103(b)," 1184 O.G. 86 (March 26, 1996). Additionally, in order

to retain the right to rejoinder in accordance with the above policy, Applicant is advised that the process claims should be amended during prosecution either to maintain dependency on the product claims or to otherwise include the limitations of the product claims. Failure to do so may result in a loss of the right to rejoinder.

Further, note that the prohibition against double patenting rejections of 35 U.S.C. 121 does not apply where the restriction requirement is withdrawn by the examiner before the patent issues. See MPEP § 804.01.

8. Applicant is reminded that upon the cancellation of claims to a non-elected invention, the inventorship must be amended in compliance with 37 CFR 1.48(b) if one or more of the currently named inventors is no longer an inventor of at least one claim remaining in the application. Any amendment of inventorship must be accompanied by a petition under 37 CFR 1.48(b) and by the fee required under 37 CFR 1.17(I).

Conclusion

9. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Brad Duffy whose telephone number is (571) 272-9935. The examiner can normally be reached at Monday through Friday from 7:00 AM to 4:30 PM, with alternate Fridays off. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Larry Helms, can be reached at (571) 272-0832. The official fax number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should

you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

Respectfully,
Brad Duffy
571-272-9935

/Stephen L. Rawlings/
Primary Examiner, Art Unit 1643

/bd/
Examiner, Art Unit 1643
August 19, 2009